

## SUPPLEMENTAL APPLICATION DATA SHEET

### Application Information

Application Number:: 10/551,838

Filing Date:: 07/20/2006

Application Type:: Regular

Subject Matter:: PCT

Suggested Classification::

Suggested Group Art Unit:: 3726

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: PROCESS FOR PRODUCING DENTAL  
PROSTHESES

Attorney Docket Number:: ~~003850-012~~ 1003850-0000012

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Daniel

Middle Name::

Family Name:: GUBLER

Name Suffix::

City of Residence:: Fällanden

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Im Haufland 10

City of Mailing Address:: Fällanden

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-8117

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Urs
Middle Name::	
Family Name::	BRODBECK
Name Suffix::	
City of Residence::	Erlenbach
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Pflugsteinstrasse 32
City of Mailing Address::	Erlenbach
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-8803

<u>Applicant Authority Type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>Liechtenstein</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Arnold</u>
<u>Middle Name::</u>	
<u>Family Name::</u>	<u>WOHLWEND</u>
<u>Name Suffix::</u>	

City of Residence:: Schellenberg

State or Province of Residence::

Country of Residence:: Liechtenstein

Street of Mailing Address:: Holzgatter 23

City of Mailing Address:: Schellenberg

State or Province of Mailing Address::

Country of Mailing Address:: Liechtenstein

Postal or Zip Code of Mailing Address:: 9488

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
----------------------	--------------------------	-----------------------------	-----------------------------

This Application	National Stage of	PCT/CH2004/000212	04/03/04
------------------	-------------------	-------------------	----------

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
------------------	-----------------------------	----------------------	---------------------------

Switzerland	No. 619/03	04/04/03	Yes
-------------	------------	----------	-----

## Assignee Information

Assignee Name:: XAWEX AG

Street of Mailing Address:: Lohwisstrasse 42

City of Mailing Address:: Ebmatingen

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-8123

<b>Signature</b>	/Peter T. deVore/	<b>Date</b>	October 10, 2011
<b>Name</b>	Peter T. deVore	<b>Registration No.</b>	60361